



**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE  
PAIN MANAGEMENT CLINIC REGISTRATION  
APPENDIX E**



**PAIN MANAGEMENT CLINIC INFORMATION (PLEASE PRINT)**

Clinic Name:

Address (No PO Box):

City:

State:

Zip:

Office Phone Number:

Tax ID Number:

Hours of Clinic Operation:  
(ex: M-F 8-5, or 40 hrs a week)

Clinic Certification No.:

**PRIMARY PHYSICIAN OWNER INFORMATION (PLEASE PRINT)**

**Provide documentation of proof of ownership**

Last Name:

First Name:

Mid:

M.D.

D.O.

Phone Number:

Medical License Number:

DEA Controlled Substance Registration Number:

Number of hours physician  
owner will be on site at clinic per week:

**Do you currently hold an active, unrestricted medical license in Mississippi?**

If the answer to this question is "no", you are not currently eligible to own and operate a pain management clinic.

☐ Yes  
☐ No

**Are all the owners of the pain management clinic physicians?**

☐ Yes  
☐ No

**Have you, any co-owner, current employee or person with whom you contract services ever:**

been denied, by any jurisdiction, a license issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or other listed medications under definitions?

☐ Yes  
☐ No

held a license issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply or sell a controlled substance that has been restricted?

☐ Yes  
☐ No

been subject to disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance?

☐ Yes  
☐ No

If the answer to any of the above questions is "yes", you are not currently eligible to own and operate a pain management clinic.

**Have you, or any co-owner, ever been convicted of, pled nolo contendere to, or received deferred adjudication for:**

an offense that constitutes a felony?

☐ Yes  
☐ No

an offense that constitutes a misdemeanor, the facts of which relate to the distribution of illegal prescription drugs or a controlled substance?

☐ Yes  
☐ No

If the answer to any of the above questions is "yes", you are not currently eligible to own and operate a pain management clinic.

I certify that the information that I have provided on this application is correct. I understand that it is a violation of the Mississippi Medical Practice Act, Miss. Code Ann. Section 73-25-1 et seq., to submit a false or misleading statement to a governmental agency. I acknowledge that the Mississippi Board of Medical Licensure (MSBML) is not authorized to issue a pain management certification if I do not provide all requested information. I certify that I am the person named in this document, and all statements I have made are true.

Physician Signature:

Date:

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**PAIN MANAGEMENT CLINIC REGISTRATION**

<b>PHYSICIAN AND NON-PHYSICIAN INFORMATION (PLEASE PRINT)</b> List All Physicians who may be Physician Partner/Owner Physician Treating Patients Include any Non-Physician Owner									
Last	First	Middle Name	Circle one						
			M.D.	D.O.	D.P.M.	P.A.	L.Ac.	N.P.	Non-physician
Non-Physician Social Security Number:						Non-Physician Date of Birth:			
Phone Number:			Medical License Number:						
DEA Controlled Substance Registration Number:			Number of hours physician owner will be on site at clinic per week:						
Last	First	Middle Name	Circle one						
			M.D.	D.O.	D.P.M.	P.A.	L.Ac.	N.P.	Non-physician
Non-Physician Social Security Number:						Non-Physician Date of Birth:			
Phone Number:			Medical License Number:						
DEA Controlled Substance Registration Number:			Number of hours physician owner will be on site at clinic per week:						
Last	First	Middle Name	Circle one						
			M.D.	D.O.	D.P.M.	P.A.	L.Ac.	N.P.	Non-physician
Non-Physician Social Security Number:						Non-Physician Date of Birth:			
Phone Number:			Medical License Number:						
DEA Controlled Substance Registration Number:			Number of hours physician owner will be on site at clinic per week:						
Last	First	Middle Name	Circle one						
			M.D.	D.O.	D.P.M.	P.A.	L.Ac.	N.P.	Non-physician
Non-Physician Social Security Number:						Non-Physician Date of Birth:			
Phone Number:			Medical License Number:						
DEA Controlled Substance Registration Number:			Number of hours physician owner will be on site at clinic per week:						

\*Copy for additional pages if needed.

**Contact Information:**

If you have any questions, please Contact the Investigative Division of the Mississippi State Board of Medical Licensure at: 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216 Fax: (601) 987-6822 Tel: (601) 987-0230, or 0235 or 0231.

Mail Forms: **MSBML/ Investigative Division - Pain Clinic Regulation**, 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216. Submit original signed documents only, NO facsimile, email or duplicate copies will be accepted.